

Rec'd 4/11/2011  
By Deputy City Clerk

TP

Please type or print in ink.

NAME OF FILER

MURRAY

(FIRST)

ED

(MIDDLE)

## 1. Office, Agency, or Court

Agency Name

CITY OF LINDSAY

Division, Board, Department, District, if applicable

Your Position

CITY COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

## 2. Jurisdiction of Office (Check at least one box)

☐ State☐ Judge (Statewide Jurisdiction)☐ Multi-County \_\_\_\_\_☐ County of \_\_\_\_\_☒ City of LINDSAY☐ Other \_\_\_\_\_

## 3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)☐ The period covered is January 1, 2010, through the date of leaving office.☐ Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

## 4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: -1-☐ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☐ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

5.

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed

01-11-11  
(month, day, year)

Signature